

MISSOURI DIVISION OF HEALTH AND WELFARE
DEPARTMENT OF PUBLIC HEALTH AND WELFARE
STANDARD CERTIFICATE OF DEATH

-62-001567

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

150

STATE FILE NUMBER

FILED JAN 25 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

1 hr.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION St. Lukes Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Kansas

b. COUNTY Johnson

c. CITY OR TOWN

Prairie Village

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)
4514 W. 74th Terrace

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Paul

Middle

Clatterbuck

Last

4. DATE OF DEATH

Month

January

Day

10

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct. 27, 1905

9. AGE (last birthday)

56

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer

10b. KIND OF BUSINESS OR INDUSTRY

J. C. Nichols Co.

11. BIRTHPLACE (City and state or country)

Funton, Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Boyd L. Clatterbuck

13b. MOTHER'S MAIDEN NAME

Ella Humphreys

14. NAME OF HUSBAND OR WIFE

Flora Clatterbuck

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Flora Clatterbuck, 4514 W. 74 Terr.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 10 1953 to Jan 10 1962 and last saw him alive on Jan 10 1962
Death occurred at 7:00 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1-12-62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Gardens

23d. LOCATION (City, town, or county)

Fulton, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Stine & McClure, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

1-11-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1962

1-5 pm.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648
P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.